



South Carolina Health Insurance Pool

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1-800-868-2500
Membership – ext. 42757
Claims – ext. 41000

BlueCross BlueShield Web site:
www.SouthCarolinaBlues.com

Medicare Supplement Policy Comparison Chart – Effective January 1, 2008

Part A Hospital Insurance — Covered Services			
SERVICE	MEDICARE PAYS	POLICY A PAYS	POLICY C PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.			
First 60 days.	All but \$1,024 and all but first three pints of blood	The first three pints of blood only	\$1,024 Part A deductible and first three pints of blood
61 st to 90 th day	All but \$256 a day	\$256 a day	\$256 a day
91 st to 150 th day (Lifetime Reserve Days)	All but \$512 a day	\$512 a day	\$512 a day
Beyond 150 days.	No benefits	Beyond 150 days, 100% of eligible expenses for up to 365 days	Beyond 150 days, 100% of eligible expenses for up to 365 days
Skilled Nursing Care Medicare must approve the facility.			
First 20 days	100% of eligible expenses	No benefits	No benefits
21 st to 100 th day	All but \$128 a day	No benefits	\$128 a day
Beyond 100 days	No benefits	No benefits	No benefits

Part B Medical Insurance — Covered Services

SERVICE	MEDICARE PAYS	POLICY A PAYS	POLICY C PAYS
Medical Expenses Services of a physician, outpatient services, physical and speech therapies, ambulance/medical supplies	80% of eligible expenses after the \$135 deductible each calendar year	After you meet the \$135 Medicare deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	The \$135 Medicare deductible and all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses
Medical Charges in Excess of Medicare Allowable Expenses	No benefits	No benefits	No benefits
Blood you receive as an outpatient	80% of eligible expenses after the first three pints of blood each calendar year and after the \$135 deductible	The first three pints and the Part B coinsurance for any additional pints after you meet the \$135 Medicare deductible	The first three pints and the \$135 Medicare deductible and the Part B coinsurance for any additional pints
Emergency expenses you incur in a foreign country	No benefits	No benefits	After the first \$250 each calendar year: 80% to a lifetime maximum of \$50,000 for the remainder of charges

Parts A & B — Covered Services

SERVICE	MEDICARE PAYS	POLICY A PAYS	POLICY C PAYS
At-home recovery services Your doctor and Medicare must approve treatment	No benefits	No benefits	No benefits
Outpatient Prescription Drugs	No benefits	No benefits	No benefits
Preventive Care	No benefits	No benefits	No benefits
Home Healthcare Medicare-Approved Services Skilled care and medical supplies	100% of eligible expenses	No benefits.	No benefits.
Durable medical equipment	80% of eligible expenses after \$135 deductible	After \$135 deductible, the Medicare Part B coinsurance	\$135 deductible plus the Medicare Part B coinsurance